

**LESLIE MORGAN, SHASTA COUNTY ASSESSOR-RECORDER**

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Phone: (530) 225-3600 Fax: (530) 225-5673 Intra-County Toll Free: (800) 479-8009

**CLAIM FOR DISASTER RELIEF REASSESSMENT  
OF PROPERTY DAMAGED BY MISFORTUNE OR CALAMITY**

Pursuant to Sections 170, 172, and 172.1 of the California Revenue and Taxation Code  
and Division 3, Chapter 3.28, Section 3.28.010 of the Shasta County Ordinance.

Parcel Number(s): \_\_\_\_\_ Application #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (other): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Damage: \_\_\_\_\_ Cause of Damage:  Fire  Flood  Other: \_\_\_\_\_

Damage Description: \_\_\_\_\_  
\_\_\_\_\_

This is my principal place of residence and I intend to re-occupy the property by \_\_\_\_\_

Estimate of all losses in value caused by damage: \$ \_\_\_\_\_

(Note: Damage must exceed \$10,000. Attach documentation if available, such as an insurance estimate or statement from licensed contractor)

Was taxable Personal Property damaged?  Yes  No

(e.g. boat, tractor, or business equipment.)

If yes, then please estimate the loss in value caused by damage \$ \_\_\_\_\_

Was a taxable Mobile Home damaged?  Yes  No

If yes, then please estimate the loss in value caused by damage \$ \_\_\_\_\_

Please treat this claim as a Property Tax Deferral Claim pursuant to California Revenue and Taxation Code Section 194.1. (Only applicable if Governor Declared Disaster, does not apply to properties with mortgage impound accounts, other restrictions may apply)

Please return the completed form as soon as possible. The Claim For Disaster Relief Reassessment must be filed with the Shasta County Assessor's Office within 12 months after the date of damage. If you need help filling this form out, please do not hesitate to contact us at the phone number listed at the top of this page.

The Applicant acknowledges that the above damage or destruction was not the fault of the property owner.  
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING, AND ALL INFORMATION HEREON, IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA, THE APPLICATION SHALL BE VERIFIED BY AFFIDAVIT.

\_\_\_\_\_  
Applicant's signature Printed name Date

Applicant's interest in property damaged:  Owner  Other \_\_\_\_\_